

Well Name _____



DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF GAS AND OIL

P.O. BOX 1416
ABINGDON, VA 24210
(276) 676-5423

SURVEYOR'S REPORT ON SUBSIDENCE

WELL NUMBER: _____

WELL OPERATOR: _____

GEOHERMAL AREA: _____

DATE SURVEY CONDUCTED: _____

I, the undersigned, hereby certify that the attached survey is accurate and meets the requirements of Regulation 7B (1) under the Geothermal Resource Conservation Act.

Registered Engineer or Certified Land
Surveyor in Charge